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ABSTRACT

Abuse of alcohol or other substances by schizophrenic patients seriously undermines effective treatment. To document the extent of substance abuse among schizophrenic patients hospitalized in one Veterans Administration Hospital, medical records of 100 patients were reviewed. The results revealed that 54 patients had recent substance abuse, with alcohol (N=47) and marijuana (N=25) being the most commonly abused substances. A significant relationship was found between age and substance choice with substances other than alcohol more often abused by patients younger than 40. Treatment for the abuse followed a dual-disease model, designed both to alter the substance abuse behavior and to comply with treatment for schizophrenia. Inpatient programming during acute psychiatric hospitalization was used to identify substance abuse and to engage the patient and family in the treatment process. Further treatment, after discharge from the hospital, was provided by residential recovery programs and outpatient followup. Supportive therapy, both group and individual, family and patient self-help groups, and medication management were used to maintain recovery. (ABB)

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SUBSTANCE ABUSE AND SCHIZOPHRENIA: A HEALTH MAINTENANCE PERSPECTIVE

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ABSTRACT

Schizophrenics who abuse alcohol and other substances are at high risk for frequent relapses and rehospitalization. Of 100 schizophrenics admitted to our acute-care psychiatric ward at a Veterans Administration Hospital, 54 were found to have recent substance abuse as documented in their medical records. The most commonly abused substances were alcohol (47) and marijuana (25). A significant relationship was found between age and substance choice, with substances other than alcohol more often abused by patients under 40. Few treatment resources exist for substance-abusing schizophrenics. This paper presents a "dual-disease" model for treatment of these patients, based on the premise that specific treatment is needed for substance abuse in addition to treatment for schizophrenia.

SUBSTANCE ABUSE AND SCHIZOPHRENIA: A HEALTH MAINTENANCE PERSPECTIVE

Schizophrenia is a major mental illness with a course usually marked by relapses and rehospitalizations. In the United States, 40% of mental hospital beds are used in the treatment of this illness (National Institute of Mental Health, 1982, p.iii). In these times of limited health care resources, minimizing the risk of relapse in schizophrenia should be given high priority. Abuse of alcohol or other substances by the schizophrenic patient seriously undermines effective treatment. Abused substances may directly worsen symptoms or may interact in a dangerous way with prescribed medications. Substance abuse also contributes to environmental stressors (such as family or legal problems) and to poor medication compliance, both of which are associated with increased relapse rates in schizophrenia (Anderson, Hogarty, & Russ, 1981; Falloon, Boyd, McGill,Strang, & Moss, 1981).

Prevalence of Substance Abuse Among Hospitalized Schizophrenics

The coexistence of schizophrenia and substance abuse is not uncommon. Early studies revealing alcoholism among hospitalized schizophrenics were reviewed by Freed (1975). Later studies found alcohol abuse rates ranging from 12 to 23% in this patient population (McLellan & Druley, 1977; Alterman, Erdlen, & Murphy, 1981; O'Farrell, Connors, & Upper, 1983). McLellan and Druley found 31% of schizophrenic inpatients reporting abuse of amphetamines, barbiturates, hallucinogens, or opiates. Richard, Liskow, and Perry (1985) found use of CNS stimulants by 23% of schizophrenics in the six months prior to hospital admission. In order to document the extent of substance abuse among our hospitalized schizophrenic patients, we reviewed the records of patients admitted to our inpatient psychiatry ward over the past two years.

Method

The study was conducted on a 30-bed inpatient psychiatry ward operating within a 500-bed Veterans Administration Hospital in Southern California. The ward receives all general psychiatric admissions to the hospital. Patients are randomly assigned to one of two treatment teams on admission. Routine evaluation for substance abuse includes patient self-report, reports from significant others, review of past medical records, and toxicology screening. In addition, any patient on the ward who has a suspected substance abuse problem is placed in a daily group led by a rehabilitation specialist, where additional information is often disclosed by the patient. Length of stay averages between three and four weeks.

We examined the medical records of patients admitted consecutively since July 1, 1983, to one of the treatment teams. Records from nine patients were unavailable because the patients had moved and their records had been sent to other hospitals. We selected those patients with discharge diagnoses of schizophrenia until we had obtained a sample of 100 veterans. The sample included admissions through May 3, 1985. We reviewed the medical records for documentation of alcohol or other substance abuse. Such documentation was found in the admitting history, discharge summary, treatment plan, problem list, progress notes, and consultation reports. The abuse was classified as recent if it had occurred within the year prior to admission.

Our sample consisted of 97 men and 3 women. The mean age of the patients was 37 (median=34), with a range of 21 to 67. There were 69 non-Hispanic whites, 15 blacks, 13 Hispanics, 2 American Indians, and 1 Asian. Of the patients sampled, 51 had never been married, 19 were

married, 29 were separated or divorced, and 1 was widowed. All but 4 were unemployed, retired, or disabled, with 72 having psychiatric disabilities dating from military service.

Results

Prevalence and Patterns of Substance Abuse. From the sample of 100 patients, we found 54 to be recent substance abusers. Recent alcohol abuse was found in 47 cases, with 19 of these patients abusing alcohol exclusively. We identified 35 patients as recent abusers of other substances, the most common being marijuana (25), amphetamines (9), cocaine (6), and opiates (5). Considering only drugs other than alcohol, we found 19 patients abusing one drug, 7 patients abusing two drugs, and 5 patients abusing 3 or more drugs. An additional 4 patients were recorded as having unspecified polysubstance abuse. Table 1 presents the number of patients in each user category abusing each substance.

Age and Substances of Abuse. Identified abuse of substances other than alcohol was significantly greater for those patients under 40 years of age. Our data showed that 34 of the 71 patients under 40 abused substances other than alcohol, while only 1 of the 29 patients over 40 did [$X^2(1,N=100)=17.87$, $p<.001$]. There was no such relationship between age and alcohol abuse.

Diagnosis of Substance Abuse. Of the 54 patients identified from the medical records as substance abusers, only 25 (46%) had a formal discharge diagnosis of substance abuse.

Implications

Our data indicate that substance abuse is a major problem within the schizophrenic patient population in our treatment setting. Our finding of 47% with current alcohol abuse is considerably higher than figures

reported previously in the literature. Our finding of 25% marijuana abuse among schizophrenic patients is of particular clinican concern considering that the use of marijuana has been linked to exacerbation of schizophrenic disorders (Treffert, 1978).

Psychiatric patients frequently do not reveal alcohol or other drug use during routine intake procedures (McLellan & Druley, 1977; McLellan, Druley, & Carson, 1978; Hall, Popkin, Stickney, & Gardner, 1978). When abuse is discovered, it is often not included in the formal diagnosis and may go unnoticed when the patient is transferred to another clinician or treatment facility. The clear identification of substance abuse is an important first step in therapeutic intervention with these high-risk patients.

Treatment: A "Dual-Disease" Model

We believe that the substance-abusing schizophrenic needs specific treatment for substance abuse in addition to treatment for schizophrenia. Denial of the seriousness of the addictive behavior is characteristic of substance abusers, whether schizophrenic or not. A common means of denial for schizophrenic substance abusers is to identify schizophrenia as the "real problem" and the cause of the alcohol or other drug abuse. We promote a "dual-disease" model, emphasizing that substance abuse is also an "illness" for which treatment is needed and that abstinence is only the first step in recovery from addiction. At the same time, we emphasize the need for continued treatment of the schizophrenic illness. Some patients prefer to see substance abuse as their sole problem or they encounter the belief that recovery requires abstinence from all "mind-altering chemicals," <u>including</u> antipsychotic medications. We teach medication compliance as an integral part of responsible health care for the schizophrenic substance abuser.

Inpatient Programming

Schizophrenic patients are usually admitted to our acute-care psychiatric ward with active psychotic symptoms. Antipsychotic medication and a supportive social milieu assist these patients to regain their normal level of functioning. We place substance-abusing schizophrenics in a daily activity called "addictive-behaviors group" as soon as their psychotic symptoms are sufficiently reduced. Through this group, our rehabilitation specialist provides further assessment, treatment, and follow-up planning. Peer group support and confrontation are used to help substance-abusing schizophrenics accept that they have coexisting problems and that both schizophrenia and substance abuse must be treated in order for either to be treated effectively. The same message is communicated to the patients' family members and significant others in a weekly family education meeting. Using a psychoeducational approach similar to that advocated by Falloon et al. (1981) and by Anderson et al. (1981), we teach that schizophrenia is an illness with a biochemical basis and that health maintenance for schizophrenics includes a) compliance with prescribed medications and b) reduction of life stress, including the biological and social stress caused by alcohol, marijuana, and other drugs of abuse. We require patient attendance at support groups such as Alcoholics Anonymous or Narcotics Anonymous, which also promote recovery through lifestyle change, and we encourage family participation in Alanon or similar support groups.

During acute psychiatric hospitalization, our goals are to identify substance abuse and to engage the patient and family in the treatment process. Further treatment for substance abuse, as well as for schizophrenia, is needed after discharge from the hospital, in order to

interrupt the all-too-common pattern of rapid relapse and rehospitalization.

Residential Recovery Programs: Cost-Effective Treatment Extension

The major sources of post-hospital treatment for substance abuse are halfway houses or recovery homes, which provide care that is much lower in cost than acute hospital care. However, recovery homes generally do not accept patients who are receiving antipsychotic medication. In our setting, this has meant that schizophrenic substance abusers were sometimes kept in the hospital for an extended time or discharged without adequate follow-up. We have recently developed a new option for these patients within an existing substance abuse treatment program at a community recovery home. The recovery home provides group and individual counseling, Alcoholics Anonymous meetings, recreation therapy, and vocational rehabilitation services as part of the regular program. Each patient is assisted in writing an individual recovery plan. Additional services provided to the schizophrenic patients by the VA hospital include weekly specialized group therapy and medication management. Hospital staff provide ongoing education and consultation for recovery home residents and personnel regarding schizophrenia and its treatment. The program operates within the dual-disease model, supporting the medical management of schizophrenia, as well as promoting the principles of sobriety and recovery from addiction. The new program is funded by VA contract monies at a cost of $22.00 per patient per day. Length of stay at the recovery home can vary from 30 to 90 days.

Outpatient Followup

We continue the dual-disease approach in the followup treatment of patients who have completed, or were unable to enroll in, the residential recovery program. In our facility, this followup takes place in the outpatient psychiatric clinic. Schizophrenic patients are typically

provided with supportive therapy and medication management. Patients are often referred to structured activity programs ("day treatment"). Family counseling may be provided. In addition to these treatment modalities, we provide a weekly therapy group for substance-abusing schizophrenics which continues the emphasis on health maintenance through medication compliance, stress reduction, and recovery from addiction. Self-help groups for the patient and the family are promoted as an important tool for recovery.

Conclusion

Schizophrenics who abuse alcohol and other substances are at high risk for frequent relapse and utilization of expensive hospital resources. In this study, we found that 54% of patients with schizophrenia who were admitted to our acute-care psychiatric ward were recent abusers of alcohol, marijuana, and other substances. In most cases, these patients were receiving no specific treatment for their substance abuse. The dual-disease model presented in this paper represents an attempt to provide more effective treatment to this sizeable patient population.

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Table 1

Recent substance abuse among schizophrenic inpatients (N=100)

		Number of patients abusing each substance:									
Pattern of abuse	N	Alcohol	Marijuana	Amphetamines	Cocaine	Opiates	PCP	LSD	Valium	Barbiturates	Inhalants
Exclusive alcohol abuse	19	19									
Abuse of one drug[a]	19	15	15	1	1	2					
Abuse of two drugs[a]	7	4	6	4	1	1	1	1			
Abuse of 3 or more drugs[a]	5	5	4	4	4	2	2	1	1	1	1
Unspecified polysubstance abuse	4	4									
Total all substance abusers	54	47	25	9	6	5	3	2	1	1	1

[a]"drug" refers to substances other than alcohol